

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-40	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> (\$3,861.62) b. FFY <u>2004</u> (\$3,827.36)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 9.a.(1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce each private nursing facility's per diem case mix rate in order to avoid a budget deficit in the medical assistance program.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 11, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 17 2003	18. DATE APPROVED: AUG - 3 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carmen Keller	22. TITLE: Deputy Director, CMSO

23. REMARKS:



vi. Adjustment to the Rate. (cont'd)

Effective for dates of service on or after October 1, 2003, the reimbursement for state fiscal year 2003-2004 shall be 99.175 percent of the per diem rates (a .825 percent reduction) in effect on September 30, 2003 for each private nursing facility's per diem case mix rate. For subsequent years, the reimbursement shall be 99.2 percent of the per diem rates (a .8 percent reduction) in effect on September 30, 2003 for each private nursing facility's per diem case mix rate.

TN# 03-40
Supersedes
TN# _____

Approval Date AUG - 3 2004

Effective Date OCT - 1 2003